

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532273

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↑		↑		↑	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60			1			
61			1			
62			1			
63			1			
64			1			
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			1			
75			1			
76			1			
77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.	↑		48	↑	↑	
TOTAL CLAIMS			58			